

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15375

State File No. _____

FILED MAY 12 1953

BIRTH NO. _____		REG. DIST. NO. <u>311</u>		PRIMARY REG. DIST. NO. <u>4456</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Appleton City</u>		c. LENGTH OF STAY (In this place) <u>3 1/2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Appleton City, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>0930</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>							
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
		<u>Anna</u>		<u>Geneva</u>		<u>Bellomy</u>	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
		<u>May</u>		<u>3</u>		<u>53</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 20 1876</u>	
9. AGE (In years last birthday) <u>76</u>		10. MONTHS <u>10</u>		11. DAYS <u>13</u>		12. IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11a. BIRTHPLACE (State or foreign country) <u>Lewis Co. Ill.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Wm H. Vergenson</u>				13b. MOTHER'S MAIDEN NAME <u>Anna Bouge</u>			
14. NAME OF HUSBAND OR WIFE <u>Francis Bellomy</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>No</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Francis Bellomy</u>				ADDRESS <u>Appleton City, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart failure</u>							
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u>							
DUE TO (c) <u>Hypertension & Aneurysm</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Cholecystitis</u>							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>592X</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 1, 1953</u> to <u>5-3-1953</u> that I last saw the deceased alive on <u>April 25, 1953</u> , and that death occurred at <u>9 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. P. Jensen</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Butter Mo</u>	
23c. DATE SIGNED <u>5-5-53</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>May 6-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Appleton City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 3, 1953</u>		REGISTRAR'S SIGNATURE <u>Chas Abney</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William Eckhoff</u>		ADDRESS <u>Appleton City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Oscar Eckhoff

Licensed Embalmer No. *3942*

P. O. Address *Appleton City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.